## **Individual Service/Recovery Plan**

Individual's Name II Recovery Coach/Case Manager		D# Date	
	<b>s:</b> Recovery from Substance Use, Living and Financial lth, Leisure and Recreation, Independence from Legal		· · · · · · · · · · · · · · · · · · ·
Life Domains	Individual Goals and Aspirations What do I want?	Resources, Strengths, and Skills What do I have access to or what have I used in the past?	Barriers and Problems What barriers/issues do I need to remove/overcome to achieve my goal?
[Choose Life Domain]			
	Action Steps Needed to Reach this Goal	Who Else Might be Involved?	When do I Want to Have This Goal Accomplished?
	1)		
	2)		
	3)		
	4)		
	5)		
	6)		
Client Signature		D	ate
Recovery Coach/Case Manager Signature		D	ate
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